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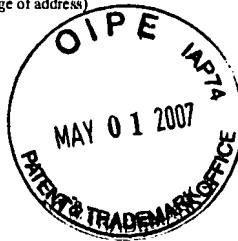
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33461 7590 08/22/2005

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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/681,032 | 10/07/2003 | James C. Weatherall | 1640-006 | 2689 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR OBTAINING SPATIAL INFORMATION AND MEASURING THE DIELECTRIC CONSTANT OF AN OBJECT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 11/22/2005 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| SHRIVASTAV, BRIJ B | | 2859 | 324-321000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Roberts Mlotkowski

2. & Hobbes

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

05/07/2007 4400000049 10681032

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date _____

May 1, 2007

Typed or printed name _____

Stephen T. Sullivan

Registration No. _____

32 444

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Date of Deposit: May 1, 2007

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